

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | W.A.     | 12     | 06/19/01 |
| O.I.P.E. CLASSIFIER       |          |        | 6/26     |
| FORMALITY REVIEW          | B2       | TC-883 | 28-08-01 |
| RESPONSE FORMALITY REVIEW | H-5      | 866    | 01-16-02 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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